

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

401507942  
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8	1					
9	1					
10	1					
11	1					
12		1				
13	1					
14	1					
15		1				
16	1					
17		1				
18	1					
19	1					
20		1				
21		1				
22	1					
23		1				
24		1				
25	1	1				
26	1					
27		1				
28	1					
29		1				
30		1				
31	1					
32	1					
33		1				
34	1					
35	1					
36	1					
37		1				
38		1				
39	1					
40	1					
41		(1)				
42	1					
43		1				
44	1					
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.			↓	↓	↓	
TOTAL DEP.			←	←	←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57	1					
58		1				
59	1					
60	1					
61		1				
62	1					
63	(1)					
64	1					
65		1				
66	1					
67		1				
68	1					
69						
70						
71						
72						
73						
74						
75						
76						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	30		↓			
TOTAL DEP.	38		←	←	←	
TOTAL CLAIMS	68					